



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R10/11-03)
Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

(CFA-4)

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

10

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. Full name of committee (as on Statement of Organization) ☐ Check if this is a new name
COMMITTEE TO ELECT WAYNE WILSON 2003

2. Acronym or abbreviated name, if any

3. Committee telephone number
(317) 844-8076

4. Mailing address (address where all campaign finance correspondence is received) ☐ Check if this is a new address
24 WILSON DRIVE

5. City, state, ZIP code
CARMEL IN 46032

6. Party affiliation (if applicable)
REPUBLICAN

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full name of candidate (include any nickname)
WAYNE ALAN WILSON

8. Party affiliation or if independent candidate
REPUBLICAN

9. Office sought (Include district number, if any. Not required for exploratory committee.)
MAYOR OF THE CITY OF CARMEL

10. County of residence
HAMILTON

TYPE OF REPORT

11. Check one:

☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Final/Disbands Committee (lines 18, 19, and 20 must be "0")
☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

CONVENTION CANDIDATES ONLY

Check one:

☐ Pre-Convention
☐ Post-Convention

12. Reporting Period:

From: APRIL 12, 2003 Through: DECEMBER 31 2003

COLUMN A
This Period

COLUMN B
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

11058.91

14. Cash on hand and investments January 1, current year.

8594.70

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

6900.00

27,375.00

15b. Unitemized

1375.00

4758.00

15c. Add lines 15 a and 15 b in both columns

SUBTOTAL

8275.00

32133.00

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

19328.91

40727.70

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

18,374.51

38,094.05

17b. Unitemized

763.86

2443.11

17c. Add lines 17a and 17b in both columns

SUBTOTAL

19,138.37

40,537.16

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

190.54

190.54

19. Debts OWED BY the committee (use Schedule D)

20. Debts OWED TO the committee (use Schedule E)

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature on File

Date 1-20-04

Date 1-20-04

FOR OFFICE USE ONLY

41:8 AM 12 JAN 2004

FILED

5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

**(CFA-4 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other
Receipts**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly in BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 1 of 1

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. JANET K. HOYT 12420 BROOKLINE STREET CARMEL INDIANA 46033 Contributor's Occupation (if required) RETIRED	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	200.00	200.00	4-21-03 WAYNE WILSON
2. JAMES R. STECKLEY VIRGINIA Y. STECKLEY 5801 E-116 TH STREET CARMEL IN 46033 Contributor's Occupation (if required) CATERER	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	250.00	250.00	4-22-03 WAYNE WILSON
3. BRYAN CHANDLER 6457 N. ILLINOIS ST. Indianapolis IN 46260 Contributor's Occupation (if required) DEVELOPER	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	500.00	500.00	4-25-03 WAYNE WILSON
4. CHARLES R. FEWELL JR KRISTIN B. FEWELL 613 WATERVIEW BLVD GREENFIELD IN 46140 Contributor's Occupation (if required) BUSINESS OWNER/CONTRACTOR	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	250.00	250.00	5-5-03 WAYNE WILSON
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
SUB TOTAL THIS PAGE OF SCHEDULE A		\$ 1260.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$		



OF A POLITICAL COMMITTEE

State Form 4606 (RS / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

(OF A SCHEDULE A-2)
CONTRIBUTIONS BY CORPORATIONS
 Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly in BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page 1 of 1

 CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS
 (street, number, city, state, ZIP code)

TYPE OF CONTRIBUTION OR OTHER RECEIPT

COLUMN A
AMOUNT THIS PERIODCOLUMN B
CUMULATIVE YEAR-TO-DATEDATE RECEIVED
RECEIVED BY

1. SPRINGHURST HOUSING PARTNERS LLC 333 N. PENNSYLVANIA STREET INDIANAPOLIS IN 46204	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	500.00	500.00	4-14-03 WAYNE WILSON
2. DUKE CONSTRUCTION 600 E-96 th STREET Suite 100 INDIANAPOLIS IN 46240	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	250.00	250.00	4-28-03 WAYNE WILSON
3. MARVIN HOMES INC PO BOX 318 CARMEL IN 46082	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	200.00	700.00	4-29-03 WAYNE WILSON
4. FE HARDING ASPHALT CO INC 10151 HAGUE ROAD INDIANAPOLIS IN 46256	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	250.00	250.00	5-5-03 WAYNE WILSON
5. CALUMET ASPHALT DAVING CO INC 5265 E-96 th STREET INDIANAPOLIS IN 46240	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	250.00	250.00	5-5-03 WAYNE WILSON
SUB TOTAL THIS PAGE OF SCHEDULE A		\$1450.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$		



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-4)

CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly in BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page 1 of 1

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
				RECEIVED BY
1. MARTIN MARIETTA AGGREGATES STATE POLITICAL CONTRIBUTIONS COMM PO BOX 30013 RALEIGH, NC 27622	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	250.00		6/5/03 WAYNE WILSON
2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
SUB TOTAL THIS PAGE OF SCHEDULE A		\$ 250.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$ 2900.00		



**SUPPLEMENTAL "LARGE CONTRIBUTION"
REPORT BY A CANDIDATE'S COMMITTEE
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 48492 (R / 11-99)

Indiana Election Commission (IC 3-9-5-20)

Approved by State Board of Accounts 1999

(CFA-11)

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11 REPORT

1 + 2
pages = 3

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to
this report. Please type or print legibly IN BLACK INK all information on this form.
For assistance in completing this form, see instructions on the reverse side.

COMMITTEE INFORMATION

1. Full name of candidate (Include any nickname) <input type="checkbox"/> Check if this is a new name WAYNE AWAN WILSON	2. Committee telephone number (317) 844-8876
3. Mailing address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 24 WILSON DRIVE	
4. City, state, ZIP code CARMEL IN 46032	5. Party affiliation or if independent REPUBLICAN
6. Office sought (include district number, if any. Not required for exploratory committee.) MAYOR OF CARMEL	7. County of residence HAMILTON
8. Reporting period: From: MAY 1 2003 Through: DECEMBER 31, 2003	

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization;
NONE for all entries which are not one of the above categories.

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED RECEIVED BY
Classification 1. CORP PRESTON COMMONS LLP 30 South Meridian St Indianapolis IN 46204 Contributor's Occupation (if applicable) DEVELOPER	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	1000.00	5-1-03 WAYNE WILSON
Classification 2. Contributor's Occupation (if applicable)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)		
Classification 3. Contributor's Occupation (if applicable)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)		

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS
TRUE, CORRECT AND COMPLETE.

Signature on File

FOR OFFICE USE ONLY

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose.
(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails
to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor
(IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18).



SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE (\$1,000 CONTRIBUTIONS OR MORE)

State Form 48492 (8-97)

Indiana Election Commission (IC 3-9-5-20)

Approved by State Board of Accounts 1997

COPY OF
A-25-03 FILING

(CFA-11)

INSTRUCTIONS: All candidates are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11 REPORT

1

COMMITTEE INFORMATION

1. Full name of candidate (Include any nickname) ☐ Check if this is a new name

WAYNE A. WILSON

2. Committee telephone number

(317) 844-8076

3. Mailing address (address where all campaign finance correspondence is received) ☐ Check if this is a new address

24 WILSON DRIVE

4. City, state, ZIP code

CARMEL IN 46032

5. Party affiliation or if independent

REPUBLICAN

6. Office sought (Include district number, if any. Not required for exploratory committee.)

MAYOR OF CARMEL

7. County of residence

HAMILTON

8. Reporting period:

From: 4-12-2003 Through: 4-22-2003

9. Did the committee receive any "large contributions" since the close of the last reporting period? ☐ No ☒ Yes

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)		TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED RECEIVED BY
Classification 1. CORP	BAJA INC. DBA GOODFELLAS PIZZA + PASTA 13190 HAZELDELL PKWAY #100 CARMEL IN 46033 Contributor's Occupation (if applicable) CAFE OWNER	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	1000.00	4-21-03 WAYNE WILSON
Classification 2. INDV	THOMAS G. HINSHAW 130 E MAIN STREET CARMEL IN 46032 Contributor's Occupation (if applicable) C.P.A.	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	1000.00	4-22-03 WAYNE WILSON
Classification 3.		Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)		

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE

Signature on File

CLERK, INDIANA ELECTION COMMISSION

2003 APR 25 PM 1:11

FILED

FOR OFFICE USE ONLY

NOTES: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18)



SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE (\$1,000 CONTRIBUTIONS OR MORE)

State Form 48492 (R / 11-99)

Indiana Election Commission (IC 3-9-5-20)

Approved by State Board of Accounts 1999

(CFA-11)

COPY OF
4-28-03 FILE

FILE NUMBER

FILED

TOTAL PAGES IN ENTIRE CFA-11 REPORT

2003 APR 28 PM 12:46

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

COMMITTEE INFORMATION

1. Full name of candidate (Include any nickname) ☐ Check if this is a new name

WAYNE A. WILSON

2. Committee telephone number

(317) 844-8076

CLERK, HAMILTON COUNTY COURT

3. Mailing address (address where all campaign finance correspondence is received) ☐ Check if this is a new address

24 WILSON DRIVE

4. City, state, ZIP code

CARMEL IN 46033

5. Party affiliation or if independent

REPUBLICAN

6. Office sought (include district number, if any. Not required for exploratory committee.)

MAYOR OF CARMEL

7. County of residence

HAMILTON

8. Reporting period:

From: APRIL 25, 2003 Through: APRIL 28, 2003

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization NONE for all entries which are not one of the above categories.

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED RECEIVED BY
Classification 1. CORP FREIGHT MASTERS SYSTEMS INC 3760 GUION ROAD INDIANAPOLIS IN 46222 TRUCKING	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	1000.00	4/28/03 WAYNE A. WILSON
Contributor's Occupation (if applicable)			
Classification 2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)		
Contributor's Occupation (if applicable)			
Classification 3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)		
Contributor's Occupation (if applicable)			

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature on File

FOR OFFICE USE ONLY

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18).



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE B) Itemized Expenditures

FILE NUMBER

Page 1 of 3

INSTRUCTIONS: Please type or print legibly in **BLACK INK** all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on **ITEM 17a of the Summary Sheet**. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100 per recipient**, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>0</u> <u>FFAA</u> WAYNE A WILSON 24 WILSON DRIVE CARMEL IN 46032		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: REIMBURSEMENT O = 194.74 F = 168.51 A = 163.85	467.10	912.15	4-12-03
Code <u></u> UN PRINTING CO 1429 CHASE CT CARMEL IN 46032		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: CAMPAIGN TRAINING	3150.00	3,150.00	4-14-03
Code <u>A</u> CARMEL PRO PRINTER 303 W Carmel Dr. CARMEL IN 46032		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: LITERATURE PRINTING	2403.00	12,291.67	4-14-03
Code <u>A</u> FAZZ IT UP 525 INDUSTRIAL DRIVE CARMEL IN 46032		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: CAMPAIGN SHIRTS	166.95	166.95	4-21-03
Code <u>A</u> RICH BARKER BARKER GRAPHICS 5631 PILGRIM DRIVE INDIANAPOLIS IN 46254		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: WEBSITE	50.00	630.00	4-23-03
Code <u>A</u> CARMEL PRO PRINTER 303 W CARMEL DR. CARMEL IN 46032		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: PRINTING	1674.00	13,965.67	4-25-03
Code <u></u> UN PRINTING 1429 CHASE CT CARMEL IN 46032		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: CAMPAIGN TRAINING	3000.00	6150.00	4-25-03
SUB TOTAL THIS PAGE OF SCHEDULE B			\$10,911.05		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$		



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE B) Itemized Expenditures

FILE NUMBER

Page 2 of 3

INSTRUCTIONS: Please type or print legibly in **BLACK INK** all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on **ITEM 17a of the Summary Sheet**. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100 per recipient**, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, **regardless of amount** paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>O</u> & <u>F</u> WAYNE A. WILSON 24 WILSON DRIVE CARMEL IN 46032		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>REIMBURSEMENT</u> <u>O = 211.53</u> <u>F = 269.79</u>	481.32	1393.47	4-25-03
Code <u>A</u> CARMEL PRO PRINTERS 303 W CARMEL DR. CARMEL IN 46032		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>PRINTING</u>	147.50	14,113.17	4-28-03
Code <u>A</u> EXPRESS GRAPHICS 620 S RANGELINE Rd CARMEL IN 46032		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>SIGNS</u>	72.08	1369.52	4-29-03
Code <u>O</u> US POSTMASTER CARMEL IN 46082		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>POSTAGE</u>	49.80	1196.80	5-1-03
Code <u>F</u> KROGER FOODS 1217 S-RANGELINE CARMEL IN 46032		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>RAILY FOOD</u> <u>ITEMS</u>	188.94	188.94	5-2-03
Code <u>F</u> KROGER FOODS 1217 S RANGELINE CARMEL IN 46032		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>RAILY FOOD</u> <u>ITEMS</u>	88.70	277.64	5-2-03
Code <u>F</u> TALK PRODUCTIONS 7020 DARTMOUTH ROAD INDIANAPOLIS IN 46260		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>RAILY</u> <u>ENTERTAINMENT</u>	1750.00	1750.00	5-3-03
SUB TOTAL THIS PAGE OF SCHEDULE B			\$2978.34		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$		



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE B) Itemized Expenditures

FILE NUMBER

Page 3 of 3

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>A</u> JAZZ IT UP 525 INDUSTRIAL DR. CARMEL IN 46032		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: PARAPHERNALIA	111.20	278.15	5-5-03
Code <u>O</u> & F WAYNE A. WILSON 24 WILSON DRIVE CARMEL IN 46032		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: REIMBURSEMENT O = 248.35 F = 256.69	505.04	1898.51	5-6-03
Code <u>F</u> PIZZA KING 9 MAIN STREET CARMEL IN 46032		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: RALLY FOOD	330.00	330.00	5-6-03
Code <u>O</u> WAYNE A. WILSON 24 WILSON DRIVE CARMEL IN 46032		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: REIMBURSEMENT O = 280.74 O = 6.64	287.38	2185.89	5-22-03
Code <u>O</u> US POSTMASTER CARMEL IN 46082		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: POSTAGE	8.30	1205.10	4-17-03
Code <u>O</u> WAYNE A. WILSON 24 WILSON DRIVE CARMEL IN 46032		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:	443.20	2629.09	6-21-03
Code <u>O</u> ELIZABETH A. WILSON 24 WILSON DRIVE CARMEL IN 46032		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: 178.3 Hours at 16.94 per TYPING, LITERATURE LAYOUT & MAILER WORK	3000.00	4071.26	7-12-03
SUB TOTAL THIS PAGE OF SCHEDULE B			\$4685.12		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$		